

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212527956</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>LEGAL SERVICES OF NORTHERN VIRGINIA, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>JAMES FERGUSON</b>  <b>6066 LEESBURG PIKE STE 500</b>  <b>FALLS CHURCH, VA 22041</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2012</b></p> <p>SCC ID NO: <b>01878180</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6066 LEESBURG PIKE STE 500</p> <p style="text-align: center;">CITY/ST/ZIP: FALLS CHURCH, VA 22041</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL ORTIZ  TITLE: DIRECTOR  ADDRESS: 4020 UNIVERSITY DR #300  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL ORTIZ TITLE: DIRECTOR ADDRESS: 4020 UNIVERSITY DR #300 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL ORTIZ TITLE: DIRECTOR ADDRESS: 4020 UNIVERSITY DR #300 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LUISE WELBY  TITLE: PRESIDENT  ADDRESS: 8200 JONES BANCH DR  CITY/ST/ZIP/CO: MAILSTOP 211 MCLEAN, VA 22102 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LUISE WELBY TITLE: PRESIDENT ADDRESS: 8200 JONES BANCH DR CITY/ST/ZIP/CO: MAILSTOP 211 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LUISE WELBY TITLE: PRESIDENT ADDRESS: 8200 JONES BANCH DR CITY/ST/ZIP/CO: MAILSTOP 211 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN FOWLER  TITLE: PRESIDENT ELECT  ADDRESS: 3110 FAIRVIEW PARK DR  CITY/ST/ZIP/CO: SUITE 1400 FALLS CHURCH, VA 22042 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN FOWLER TITLE: PRESIDENT ELECT ADDRESS: 3110 FAIRVIEW PARK DR CITY/ST/ZIP/CO: SUITE 1400 FALLS CHURCH, VA 22042	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN FOWLER TITLE: PRESIDENT ELECT ADDRESS: 3110 FAIRVIEW PARK DR CITY/ST/ZIP/CO: SUITE 1400 FALLS CHURCH, VA 22042	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANGELA ANATALIO  TITLE: DIRECTOR  ADDRESS: 6941 MARY CAROLINE CIRCLE  CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANGELA ANATALIO TITLE: DIRECTOR ADDRESS: 6941 MARY CAROLINE CIRCLE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELA ANATALIO TITLE: DIRECTOR ADDRESS: 6941 MARY CAROLINE CIRCLE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK BODNER  TITLE: DIRECTOR  ADDRESS: 3925 UNIVERSITY DR  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARK BODNER TITLE: DIRECTOR ADDRESS: 3925 UNIVERSITY DR CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD CULKIN  TITLE: DIRECTOR  ADDRESS: 105 LOUDOUN STREET SE  CITY/ST/ZIP/CO: LEESBURG, VA 20175 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD CULKIN TITLE: DIRECTOR ADDRESS: 105 LOUDOUN STREET SE CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD CULKIN TITLE: DIRECTOR ADDRESS: 105 LOUDOUN STREET SE CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	JOHN CUMMINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3959 PENDER DRIVE STE 200		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22038		
NAME:	CAROLYN GRIMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3135 MOUNT VERNON AVENUE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	TIM LYDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7930 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22402		
NAME:	FEZA MWENDANGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21230 HUNTINGTON SQUARE		
CITY/ST/ZIP/CO:	STERLING, VA 20166		
NAME:	ROBERT PEETZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2746 BLOOMSBURY COURT		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		
NAME:	DOUGLAS STEINBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	107 N. PAYNE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	ROBERTA TIMBERLAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 S. 16TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	JASON TRI TRAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6066 LEESBURG PIKE SUITE 500		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22041		
NAME:	ROBERT J. ZELNICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12610 LAKERIDGE DR		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		
NAME:	KENNETH E LABOWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DINGMAN LABOWITZ 526 KING STREET, SUITE 423		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	JUDITH BUDD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 695		
CITY/ST/ZIP/CO:	BOWLING GREEN, VA 22417		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LUISE WELBY	LUISE WELBY, PRESIDENT	7/24/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.